

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)2 PAGE #
1 of 143 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

Mr.

FIRST

Maher

MI

NICKNAME

LAST

Maso

M
SUFFIX

OFFICE USE ONLY

Date Received

RECEIVED

JUL 15 2009

City Secretary's Office

Date Hand-delivered or Date Postmarked

EB 11:50a.m.

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS☐ Change of Address

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

10902 Ormond Lane
Frisco, TX 750355 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

Mrs.

FIRST

Valenda

MI

NICKNAME

LAST

Maso

M
SUFFIX6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

10902 Ormond Lane
Frisco, TX 750357 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972) 335-3113

8 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐15th day after campaign treasurer
appointment (officeholder only)☒

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

01/01/2009

06/30/2009

10 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

☐

Primary

☐

Runoff

☐

General

☐

Special

11 OFFICE

OFFICE HELD (if any)
Mayor

12 OFFICE SOUGHT (if known)

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval.
Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address/PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Maso, Maher (Mr.)

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

45.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

20,145.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

37.23

4. TOTAL POLITICAL EXPENDITURES

\$

23,450.85

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

512.43

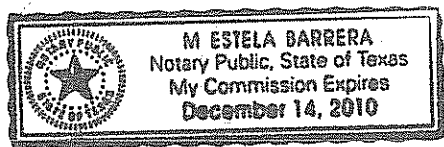
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0.00

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Maher Maso

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Maher Maso, this the 15th day of July, 2009, to certify which, witness my hand and seal of office.

M. Estela Barrera

Signature of officer administering oath

m. Estela Barrera

Print name of officer administering oath

Sr. Admin Asst

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/6 Report: 3/14

2 FILER NAME Maso, Maher (Mr.)

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Aerrabolu, Devender (Mr.)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

01/27/2009

6 Contributor address; City; State; Zip Code
8101 Towne Main Dr.
#715
Plano, TX 75024-2244

\$2,000.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Artiles, Jose & Mary Ann Campbell

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

02/05/2009

Contributor address; City; State; Zip Code
10905 Amelina Ln
Frisco, TX 75035

\$50.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
NA

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Baxter, Pamela & John

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

01/19/2009

Contributor address; City; State; Zip Code
5567 Fairfax
Frisco, TX 75034

\$500.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Brinkmann, Baxter (Mr.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

03/03/2009

Contributor address; City; State; Zip Code
4215 McEwen Road
Dallas, TX 75244

\$5,000.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Cobb Fendley PAC

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

01/20/2009

Contributor address; City; State; Zip Code
13430 Northwest Freeway #1100
Houston, TX 77040

\$250.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/6 Report: 4/14

2 FILER NAME Maso, Maher (Mr.)

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Condit, Phil & Geda

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

02/03/2009

6 Contributor address; City; State; Zip Code
3409 Lantz Cr.
Plano, TX 75025

\$2,500.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Cross, Rosa (Mrs.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

01/07/2009

Contributor address; City; State; Zip Code
5014 Plantation Lane
Frisco, TX 75035

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Darling, Robert & Joyane

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

01/24/2009

Contributor address; City; State; Zip Code
1717 Savannah Dr
McKinney, TX 75070

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Darling, Stephen

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

02/05/2009

Contributor address; City; State; Zip Code
2500 Legacy Dr. #100
Frisco, TX 75034

\$250.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Darling, William & Priscilla

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

01/27/2009

Contributor address; City; State; Zip Code
2500 Legacy Dr. #100
Frisco, TX 75034

\$500.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 3/6 Report: 5/14 | |
| 2 FILER NAME Maso, Maher (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 02/06/2009 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fallon, Patrick 6 Contributor address; City; State; Zip Code 5647 Buena Vista Dr Frisco, TX 75034 | 7 Amount of contribution (\$) \$300.00 | 8 In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 02/08/2009 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gassaway, Michael Contributor address; City; State; Zip Code 5635 Bent Tree Trl dallas, TX 75252 | Amount of contribution (\$) \$250.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 02/08/2009 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Golgart, Sandy Contributor address; City; State; Zip Code 5460 Longvue Dr Frisco, TX 75034 | Amount of contribution (\$) \$500.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 01/26/2009 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Graff, Stanley (Mr.) Contributor address; City; State; Zip Code 8901 Governors Row Dallas, TX 75247 | Amount of contribution (\$) \$500.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 01/25/2009 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Henderson, Cliff (Mr.) Contributor address; City; State; Zip Code 3428 Estes Park Lane McKinney, TX 75070 | Amount of contribution (\$) \$250.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 4/6 Report: 6/14 | |
| 2 FILER NAME Maso, Maher (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 02/08/2009 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hocking, Barbie 6 Contributor address; City; State; Zip Code 5404 LeBeau Frisco, TX 75035 | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 01/30/2009 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hunt, Phillip & Erica Contributor address; City; State; Zip Code 4 Champions Court Frisco, TX 75034 | Amount of contribution (\$) \$250.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 02/08/2009 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Irvin, William & Margaret Contributor address; City; State; Zip Code 4032 Virginia Pine Dr Carrollton, TX 75007 | Amount of contribution (\$) \$200.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 01/20/2009 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lund, Clark & Brigid Contributor address; City; State; Zip Code 5536 Southern Hills Dr. Frisco, TX 75034 | Amount of contribution (\$) \$250.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 02/08/2009 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) maso, Jane (Ms.) Contributor address; City; State; Zip Code 3409 Lntz Cr. Plano, TX 75025 | Amount of contribution (\$) \$250.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 5/6 Report: 7/14 | |
| 2 FILER NAME Maso, Maher (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 02/08/2009 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) maso, Jane (Ms.) 6 Contributor address; City; State; Zip Code 3409 Lntz Cr. Plano, TX 75025 | 7 Amount of contribution (\$) \$500.00 | 8 In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 02/08/2009 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) mckeehan, Mark Contributor address; City; State; Zip Code 291 Marsh Cove Rd Kiawah Island, SC 29455 | Amount of contribution (\$) \$150.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 01/28/2009 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Netzer, Shula Contributor address; City; State; Zip Code 6309 Wilderness Ct Dallas, TX 75254 | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 02/13/2009 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) O'Malley, John (Mr.) Contributor address; City; State; Zip Code 15 Riva Ridge Frisco, TX 75034 | Amount of contribution (\$) \$500.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 01/28/2009 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Palmer, David Contributor address; City; State; Zip Code 3102 Maple Avenue, suite 500 Dallas, TX 75201 | Amount of contribution (\$) \$2,500.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|--|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 6/6 Report: 8/14 | |
| 2 FILER NAME Maso, Maher (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 01/30/2009 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pittenger, WM & Carolyn 6 Contributor address; City; State; Zip Code 8595 Meadow Hill Dr Frisco, TX 75034 | 7 Amount of contribution (\$) \$250.00 | 8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 02/09/2009 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Kenneth Contributor address; City; State; Zip Code 6008 Hackberry Ct Frisco, TX 75034 | Amount of contribution (\$) \$250.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 02/08/2009 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Mark & Jeanie Contributor address; City; State; Zip Code p.o. box 9027 dallas TX 75209 | Amount of contribution (\$) \$250.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 02/08/2009 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sowell, William & Bobbie Contributor address; City; State; Zip Code 6101 Wilmington Dr. Frisco, TX 75035 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 02/08/2009 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thanawalla, Moyez & Pamela Contributor address; City; State; Zip Code 5446 Buena Vista Dr Frisco, TX 75034 | Amount of contribution (\$) \$500.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/2 Report: 9/14**2** FILER NAME Maso, Maher (Mr.)**3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name

Allyn Media

7 Amount
(\$)

02/09/2009

6 Payee address; City; State; Zip CodeP.O. Box 191678
Dallas, TX 75219

\$2,000.00

8 Purpose of payment (See instructions regarding type of information required.)

Fundraiser invitations/printing

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name

Bonnie Ruths

Amount
(\$)

02/17/2009

Payee address; City; State; Zip Code

6959 Lebanon Rd #110
frisco, TX 75034

\$450.00

Purpose of payment (See instructions regarding type of information required.)

Food for fundraiser

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name

Collin College Education Foundation

Amount
(\$)

02/28/2009

Payee address; City; State; Zip Code

4800 Preston Park Blvd
Suite A100
Plano, TX 75093

\$2,500.00

Purpose of payment (See instructions regarding type of information required.)

Sponsorship

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name

Maso, Maher (Mr.)

Amount
(\$)

02/09/2009

Payee address; City; State; Zip Code

10902 Ormond Lane
Frisco, TX 75035

\$6,000.00

Purpose of payment (See instructions regarding type of information required.)

Re-imburse for political expenditures from personal funds

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/2 Report: 10/14**2** FILER NAME Maso, Maher (Mr.)**3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name

Maso, Maher (Mr.)

7 Amount
(\$)

02/20/2009

6 Payee address; City; State; Zip Code10902 Ormond Lane
Frisco, TX 75035

\$6,000.00

8 Purpose of payment (See instructions regarding type of information required.)

Re-imburse for political expenditures from personal funds

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

Payee name

Maso, Maher (Mr.)

Amount
(\$)

04/07/2009

Payee address; City; State; Zip Code

10902 Ormond Lane
Frisco, TX 75035

\$2,500.00

Purpose of payment (See instructions regarding type of information required.)

Re-imburse for political expenditures from personal funds

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

Payee name

Walmart

Amount
(\$)

03/02/2009

Payee address; City; State; Zip Code

8801 ohio dr
plano, TX 75093

\$43.32

Purpose of payment (See instructions regarding type of information required.)

Sponsor Photos

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

Payee name

Walmart

Amount
(\$)

03/30/2009

Payee address; City; State; Zip Code

8801 ohio dr
plano, TX 75093

\$112.02

Purpose of payment (See instructions regarding type of information required.)

Sponsor Photos

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/4 Report: 11/14

2 FILER NAME Maso, Maher (Mr.)

3 ACCOUNT # (Ethics Commission filers)

| | | |
|---------------------------------|--|---|
| 4 Date 01/13/2009 | 5 Payee name Allyn Media <hr/> 6 Payee address; City; State; Zip Code P.O. Box 191678 Dallas, TX 75219 <hr/> 7 Purpose of expenditure (See instructions regarding type of information required.) Printing Services - fundraiser (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | 8 Amount (\$) \$2,237.53 <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date 02/19/2009 | Payee name American Cancer Society - Relay for Life <hr/> Payee address; City; State; Zip Code p.o. box 22718 Oklahoma City, OK 73123-1718 <hr/> Purpose of expenditure (See instructions regarding type of information required.) Sponsorship - Relay for Life (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | Amount (\$) \$20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date 02/06/2009 | Payee name Anna's Linens <hr/> Payee address; City; State; Zip Code 2630 North Josey Lane #128 carrollton, TX 75234 <hr/> Purpose of expenditure (See instructions regarding type of information required.) Table covers for fundraiser (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | Amount (\$) \$32.45 <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date 02/06/2009 | Payee name Anna's Linens <hr/> Payee address; City; State; Zip Code 2630 North Josey Lane #128 carrollton, TX 75234 <hr/> Purpose of expenditure (See instructions regarding type of information required.) Table decorations for fundraiser (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | Amount (\$) \$81.13 <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date 01/09/2009 | Payee name Broadway pizza <hr/> Payee address; City; State; Zip Code 2865 McDermott Rd Plano, TX 75025 <hr/> Purpose of expenditure (See instructions regarding type of information required.) Refreshments for campaign committee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | Amount (\$) \$61.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/4 Report: 12/14

2 FILER NAME Maso, Maher (Mr.)

3 ACCOUNT # (Ethics Commission filers)

| | | |
|------------|--|---|
| 4 Date | 5 Payee name Constant Contact | 8 Amount (\$) |
| 01/04/2009 | 6 Payee address; City; State; Zip Code 1601 Trapelo Road Suite #329 Waltham, MA 02451 | \$56.26 |
| | 7 Purpose of expenditure (See instructions regarding type of information required.) Marketing Services - E-mail List Services (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name Constant Contact | Amount (\$) |
| 01/10/2009 | Payee address; City; State; Zip Code 1601 Trapelo Road Suite #329 Waltham, MA 02451 | \$79.69 |
| | Purpose of expenditure (See instructions regarding type of information required.) Marketing Services - E-mail List Services (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name Constant Contact | Amount (\$) |
| 02/13/2009 | Payee address; City; State; Zip Code 1601 Trapelo Road Suite #329 Waltham, MA 02451 | \$79.69 |
| | Purpose of expenditure (See instructions regarding type of information required.) Marketing Services - E-mail List Services (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name Constant Contact | Amount (\$) |
| 03/13/2009 | Payee address; City; State; Zip Code 1601 Trapelo Road Suite #329 Waltham, MA 02451 | \$79.69 |
| | Purpose of expenditure (See instructions regarding type of information required.) Marketing Services - E-mail List Services (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name Constant Contact | Amount (\$) |
| 04/13/2009 | Payee address; City; State; Zip Code 1601 Trapelo Road Suite #329 Waltham, MA 02451 | \$79.69 |
| | Purpose of expenditure (See instructions regarding type of information required.) Marketing Services - E-mail List Services (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/4 Report: 13/14

2 FILER NAME Maso, Maher (Mr.)

3 ACCOUNT # (Ethics Commission filers)

| | | |
|------------|--|---|
| 4 Date | 5 Payee name Constant Contact | 8 Amount (\$) |
| 05/13/2009 | 6 Payee address; City; State; Zip Code 1601 Trapelo Road Suite #329 Waltham, MA 02451 | \$79.69 |
| | 7 Purpose of expenditure (See instructions regarding type of information required.) Marketing Services - E-mail List Services (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name Constant Contact | Amount (\$) |
| 06/13/2009 | Payee address; City; State; Zip Code 1601 Trapelo Road Suite #329 Waltham, MA 02451 | \$79.69 |
| | Purpose of expenditure (See instructions regarding type of information required.) Marketing Services - E-mail List Services (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name Ducky-Bob's | Amount (\$) |
| 02/06/2009 | Payee address; City; State; Zip Code 3200 Belmeade Dr. #130 Carrollton, TX 75006 | \$253.30 |
| | Purpose of expenditure (See instructions regarding type of information required.) Table rental for fundraiser (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name Godaddy | Amount (\$) |
| 04/16/2009 | Payee address; City; State; Zip Code 14455 N. Hayden Rd #219 Scottsdale, AZ 85260 | \$210.52 |
| | Purpose of expenditure (See instructions regarding type of information required.) Domain name registration (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name Hobby Lobby | Amount (\$) |
| 02/07/2009 | Payee address; City; State; Zip Code 5288 Preston Rd frisco, TX 75034 | \$84.32 |
| | Purpose of expenditure (See instructions regarding type of information required.) Fundraiser decorations (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 4/4 Report: 14/14

2 FILER NAME Maso, Maher (Mr.)**3** ACCOUNT # (Ethics Commission filers)**4** Date

02/10/2009

5 Payee name
Joann Fabrics**6** Payee address; City; State; Zip Code
2930 Preston Rd. #800
frisco, TX 75034**8** Amount
(\$)

\$64.88

7 Purpose of expenditure (See instructions regarding type of information required.)
Table material and covers(If travel outside of Texas, complete Schedule T) ☐☒ Reimbursement
from political
contributions
intended

Date

01/20/2009

Payee name
Network Cybernetics Corp.Payee address; City; State; Zip Code
3720 Canton St. #202
Dallas, TX 75226Amount
(\$)

\$228.00

Purpose of expenditure (See instructions regarding type of information required.)
Internet/Web services(If travel outside of Texas, complete Schedule T) ☐☒ Reimbursement
from political
contributions
intended